HAS THE CATHETER A PLACE IN THE TREATMENT OF CHRONIC PROSTATIC HYPERTROPHY?

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It is perhaps natural that the mind of a surgeon should deal with the important questions of the hour from the point of view which interests him most, and that the thinking and writing which he does should be approached from the direction of the "latest improvement" in the development of the problem at hand. This is certainly most strikingly shown by the tendencies of prostatic operating as reported at the medical societies and in the medical periodicals of the last few years. It is not so long ago that the younger surgeons of to-day cannot remember it, that the catheter was regarded as the main reliance of the surgeon for the relief of the discomforts and dangers of prostatic obstruction. It served the world long and faithfully, and now, if one can believe that the surgical literature of the day represents the beliefs of the representative men, it is carelessly thrown aside for procedures of a more radical kind. It is a still shorter time ago that Mr. Arthur McGill and his followers placed suprapubic prostatectomy within reach of the surgeon, and this procedure served the profession well and saved many lives. Now it, too, is being cast aside, with that same lack of care, for other and newer procedures of which there are still many things to learn. If one should arrange his methods of treatment from a summary of the current literature of prostatic operating for the last two or three years he must inevitably reach the conclusion that a perineal prostatectomy of some kind is to be performed on most of the cases which consult him. This condition of affairs is due to the great improvements in anæsthetic and operative technique during the last few years, and also to the greater

experience, and therefore increasing confidence, of surgeons. It is certainly and happily true that radical operations upon the prostate are slowly shouldering the catheter and other methods of palliative treatment aside, and are giving them a smaller and smaller field of usefulness. But there are many cases unfit to endure the shock of such radical procedures, and there are others (is it heresy to say so?) which are better off with proper palliation than with a radical operation. It would be a pleasant task to try to indicate some of the reasons why a suprapubic operation still has its field of usefulness, and why the Bottini procedure and other palliative operations may still be of the greatest value. Such a task is, however, outside the scope of these remarks, which shall confine themselves to an effort to point out some places where the catheter is still to be recommended and used.

Every surgeon is consulted by patients whose troublesome symptoms have developed so slowly and so quietly that they seek relief from the surgeon at a time when they are very old, infirm, and obviously bad surgical risks. They are in a condition when no man would think of advising an operation of any kind except for reasons of imperative necessity. This statement is made with all due recognition of the tremendous improvement in the methods of prostatic operating and of the greatly lessened mortality statistics as a result of such improvement. These cases may often be made comfortable for the rest of their lives by the daily use of the catheter, and if they are properly instructed in its use and are promptly cared for and supervised during the transition period through which they must pass on entering their catheter lives, they will not only remain comfortable, but will gradually acclimatize their bladders and kidneys to the encroachments of a catheter, and will continue living with a steadily diminishing risk from infections of a kind which threaten the integrity of those organs. So long as these conditions pertain such cases are properly palliated, and such catheter palliation should be continued. If such comfortable palliation ceases to be possible, the moment it ceases to be possible, the time for operative interference has come, even with the inevitable risks

which a formidable surgical procedure offers to the aged and infirm patient. Up to that time the catheter is useful, after that time its use becomes abuse, and the then inevitable operation should be performed before the continued abuse of the catheter has existed long enough, with its accompaniments of pain, loss of sleep and exhaustion, to markedly diminish the chances of its success.

There is another kind of case in marked contrast with the preceding in which the patient who seeks relief is comparatively young, vigorous, and seems in a more than usually favorable condition for enduring a radical operation. Yet this patient has a bladder, clean to be sure, but overdistended for so many months or years that it has reached a point of atonic degeneracy from which it may never recover. Such a patient, if operated upon in never so thorough a manner, will still possess his atonic bladder, which will necessitate the use of the catheter for its proper emptying, just as it did while its obstructing prostate was still untouched. One of the writer's early prostatectomies was such a patient, and the complete and successful removal of a large prostate left the patient in exactly the same condition that he was in before the operation. Another patient of this kind is under the writer's care at this moment. He is sixty years old, in excellent condition to bear an operation, and has a large, soft prostate which could be enucleated very easily, but he has an absolutely atonic bladder, so that three catheterizations in the twenty-four hours leave him absolutely free from all discomfort, and he goes eight hours after a catheterization without the smallest desire to urinate. At the end of that time from twelve to sixteen ounces of urine are removed, but he never passes a drop for himself. This patient is being carefully catheterized and watched in the hope of a betterment of this bladder atony which has existed for so long; but the writer is firmly convinced that a prostatectomy at the present time would leave him in a condition much less satisfactory than his present state of absolute catheter comfort. Such patients should use the catheter regularly and at such intervals as to prevent daily overdistention of the

bladder, until such time as the bladder shall rejuvenate itself to a degree which will enable it to empty itself, at least in large measure, after its obstruction is removed.

"There is still another class of cases which consult the surgeon early in the development of the obstructive conditions for symptoms which may seem to them trivial. Examination reveals a prostatic hypertrophy with some residual urine and a clean bladder. If the amount of retained urine is only an ounce or two, it is usually possible to palliate annoying symptoms, and it is surely unwise to resort to a routine use of the catheter. Such cases are often made comfortable for many years, or for their lives, by an occasional visit to the surgeon, and, although the time may come when what might be called a prophylactic prostatectomy will be done for such patients, that time has certainly not come yet, and we are no more justified in removing the prostate from such a case than we should be in removing the appendix from a patient who had experienced one mild and doubtful attack of appendicitis.

"If, on the other hand, the obstructive conditions have progressed a little farther and the amount of residual urine exceeds three or four ounces (and it may be very large), it becomes evident that the continuance of the existing conditions is impossible, and the patient must either be taught to empty the bladder one or more times daily, according to the amount of retained urine, or that some operation for the removal of the obstructing masses must be performed. Many such patients are ignorant, poor, and live amidst a set of conditions which render surgical cleanliness next to impossible and unattainable. These patients should be operated upon at once, while the bladder is still clean, and while all the conditions are most favorable, rather than take the almost certain chance of severe and persistent vesical infection and its attending dangers. Other such patients are intelligent, cleanly in their habits, and live with a set of conditions which makes anything possible. These are the cases over which most difference of opinion exists. They must have either a routine catheter life or an operation. If the former, they are taking chances of an infection

of the bladder and kidneys which is almost certain to come sooner or later. If the latter, they are face to face with a formidable operation and a 5 per cent. mortality.

"The writer believes that the catheter still has a field of usefulness in such cases, many of which need a catheter only once or twice a day, and are kept in perfect comfort by its proper use. Of course, more or less severe infection of the bladder occurs sooner or later in most prostatics who are leading a catheter life; but it is the writer's experience that, in the class of patients of which we are speaking, most of these infections quickly quiet down and leave behind them an acid urine with, at the most, a thin cloudiness as its only departure from normal standards. It is the writer's custom to have long talks with such patients, to explain the conditions as carefully as possible, and to offer a choice of the two methods of procedure, but also to offer definite advice in favor of the catheter as the best treatment for the immediate future. This means that all but a few patients embark on such a catheter life, and continue under it until it becomes difficult and therefore unsafe, or until it proves so irritating that pain and frequency of urination render its future utility doubtful. This time may never come or it may come very soon. When it does come, and as soon as it does come, the time for catheter palliation has passed, and the time for operation has come." *

These, then, are some of the indications for the more or less permanent use of the catheter. The writer firmly believes that while many of the miserable men who were formerly dragging out a painful existence with the aid of the catheter, because there was no alternative to offer them, are now well and happy after a properly performed prostatectomy or other less radical procedure, others who were then made comfortable and content by the daily use of the catheter may still be made so by its aid. The fact that we have several new strings to our bow does not mean that the old one is worthless and must be thrown away.

* Quoted from the writer's paper in the Colorado Medical Journal for July, 1904.